

ATTACHMENT 3.1-A
Item 1d
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - INPATIENT HOSPITAL SERVICES

Telehealth:

Inpatient hospital services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

Transmittal # MS-00-06

Supersedes Approved MAR 16 2001 Effective JUL 1 2000

Transmittal # new page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OUTPATIENT HOSPITAL

Testing and evaluations must be performed by a licensed psychologist or under the supervision of a licensed psychologist.

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Supersedes

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Transmittal # MS-95-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OUTPATIENT HOSPITAL

Drugs, medical supplies and services not utilized in the emergency or outpatient facility are not a covered outpatient or emergency service.

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Supercedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OUTPATIENT HOSPITAL SERVICES

ABORTIONS:

Payment for abortions under the Nebraska Medical Assistance Program is limited to those abortions for which FFP is currently available.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OUTPATIENT HOSPITAL SERVICES

Telehealth:

Outpatient hospital services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

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Transmittal # new page

ATTACHMENT 3.1-A
Item 2b
Applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - RURAL HEALTH CLINIC SERVICES

Rural Health Clinic Services

The rural health clinic must be certified by HCFA for participation in the Medicare program. Covered services are limited to those defined in 42 CFR 440.20(b).

Telehealth:

Rural health clinic services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Core services billed as "encounter" services are excluded from coverage when provided via telehealth.

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Transmittal # MS-91-12

ATTACHMENT 3.1-A
Item 2c
Applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - FEDERALLY-QUALIFIED HEALTH CENTERS

To be considered a federally-qualified health center (FQHC) for the Nebraska Medical Assistance Program, as allowed by section 6404 of P.L. 101-239, a health center must furnish proof that the United States Public Health Service has determined that it is qualified under Sections 329, 330, or 340 of the Public Health Service Act, or that it qualifies by meeting other requirements established by the Secretary of Health and Human Services.

Telehealth:

FQHC services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Core services billed as "encounter" services are excluded from coverage when provided via telehealth.

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Transmittal # MS-90-12

ATTACHMENT 3.1-A
Item 3
applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – OTHER LABORATORY AND X-RAY SERVICES

Telehealth:

Other laboratory and x-ray services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

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Transmittal # new page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS -ASSESSMENTS OF DEVELOPMENTALLY DISABLED PERSONS IN SNF

Individuals having a developmental disability who currently reside in a non-MR facility shall, when identified as appropriate by the Medical Review Team, have an initial and subsequent annual independent assessment for functional living skills. Assessment of functional living skills shall be given to only clients identified by the Medical Review Team as appropriate for assessment based on the developmental disability criteria in order to:

1. Identify the most appropriate services to meet the identifying needs based on the principle of normalization, the least restrictive alternatives, and the client's needs.
2. The evaluation shall include actual observation/interview with the client and identify the sources of information including the staff persons who have supplied assessor with information relative to the assessment.
3. The assessment shall be an assessment of independent functioning of the individual. The assessment shall include recommendations for further evaluation and/or consultation in specific areas. Recommendations shall be incorporated into the individual's overall plan of care by the facility.

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Transmittal # MS-79-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

This section applies to EPSDT services provided on or after April 1, 1990.

HEALTH SCREENING SERVICES are provided at intervals stated in the American Academy of Pediatrics Periodicity schedule and at other intervals indicated as medically necessary, to determine the existence of certain physical or mental illnesses or conditions. This periodicity schedule was selected based on meetings and/or written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the Academy of Family Physicians, and the Chairman of the University of Nebraska Medical Center's Department of Pediatrics.

Health screening services include, at a minimum,-

1. A comprehensive health and developmental history (including assessment of both physical and mental health development);
2. A comprehensive unclothed physical exam;
3. Appropriate immunizations according to age and health history;
4. Appropriate laboratory tests (including lead blood level assessment appropriate for age and risk factors); and
5. Health education (including anticipatory guidance).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

VISION SERVICES are provided at the following intervals, and at other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition:

Birth to 3 Screening through history taking and observation at intervals that
years follow the Health Screening periodicity schedule

Age 3 to 21 Screening by standard testing method yearly through age six and
years thereafter to follow the Health Screening periodicity schedule

This periodicity schedule was selected based on input from meetings and/or written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the American Academy of Family Physicians, the American Optometrist Association (AOA), and the HHS visual care consultant.

Vision services include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses.

DENTAL SERVICES are provided at the following intervals, and at other intervals, indicated as medically necessary to determine the existence of a suspected illness or condition:

Birth to 21 At six month intervals, dental screening is to be obtained from a dentist
years as recommended by AAP's "Recommendations For Preventive Pediatric
Health Care." Visual inspection of the mouth for very young children is
Recommended as part of each Health Screening examination.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

This periodicity schedule was established based on input from written correspondence with the Nebraska Dental Association. The schedule for EPSDT dental exams is based on the NDA's recommendations.

Dental services include, at a minimum, relief of pain and infections, restoration of teeth, and maintenance of dental health.

HEARING SERVICES are provided at the following intervals, and at other intervals indicated as medically necessary, to determine the existence of a suspected illness or condition:

Birth to 3 Screening through history taking and observation at intervals
years that follow Health Screening periodicity schedule

Age 3 to 21 Screening by standard testing method yearly through age six and
years thereafter to follow the Health Screening periodicity schedule

This periodicity schedule was established based on input from meetings and written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the Academy of Family Physicians, the DSS audiological consultant as well as a position paper by the American Speech and Hearing Association.

Hearing services include, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

SERVICES DESCRIBED IN SECTION 1905(a) of the Social Security Act that are not covered under Nebraska State Plan for Medical Assistance are covered for treatment when the condition is disclosed in an EPSDT exam, health screen, dental screen, vision screen, or hearing screen. These services are considered EPSDT follow-up services and are covered under the following conditions:

1. The service is required to treat the condition (i.e., to correct or ameliorate defects and physical or mental illnesses or conditions) identified during a HEALTH CHECK (EPSDT) screening examination;
2. The provider of services is a Medicaid-enrolled provider and is authorized to provide the service within the scope of practice under applicable federal and state law;
3. The service is consistent with applicable federal and state laws that govern the provision of health care;
4. The service must be medically necessary, safe and effective, and not considered experimental/investigational;
5. Services not covered under the plan must be prior authorized by the Medicaid Division, Department of Health and Human Services Finance and Support. The screening practitioner shall submit the request which must include -
 - a. A copy of the screening exam from or the name of the screening practitioner and the date of the screening exam which identified the condition; and
 - b. A plan of care which includes -
 - (1) History of the condition;
 - (2) Physical findings and other signs and symptoms, including appropriate laboratory data;
 - (3) Recommended service/procedure, including (if known) the potential provider of service;
 - (4) Estimated cost, if available; and
 - (5) Expected outcomes.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

The Medical Director or designee shall make a decision on each request in an expeditious manner. Appropriate health care professionals may be consulted during the decision-making process. If the initial request is denied, additional information may be sent for reconsideration.

EPSDT follow-up services include -

- Dental sealants: Application is covered if applied to permanent teeth within three years of eruption. Sealant application is covered only for permanent teeth numbered 2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 28, 29, 30, and 31.
- Orthodontic treatment for individuals age 20 and younger: NMAP requires prior authorization of all orthodontic treatment except diagnostic evaluation procedures. Total payment of prior-authorized orthodontic treatment is made upon approval of the treatment plan and submittal of an ADA dental claim form.
- Well child cluster visits: The cluster visit is a well-child visit in a group setting with parent-child pairs of the same age, offering the opportunity for the provision of extended physician-parent/child time with a focus on psychosocial aspects as well as physical aspects of well-child care. The cluster visit must include a complete EPSDT exam.
- Nutritional counseling: Nutritional counseling is provided by the screening physician, screening physician auxiliary staff, physician-contracted staff, outpatient hospital-based registered dietitian for nutritional disorders or licensed medical nutritional therapist. The diagnostic finding from the EPSDT exam must indicate that a nutritional problem or condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

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- Risk reduction services: These services include the basic six to seven week series of prepared childbirth sessions, early pregnancy sessions, refresher childbirth sessions, caesarean birth sessions, breast-feeding session, and infant care sessions when provided by licensed practitioners approved by Health and Human Services Finance and Support, Medicaid Division. The services are covered for EPSDT participants when comparable services are not available in the community at no cost. Risk reduction services also include a pediatric prenatal visit between the expectant parent(s) and the prospective primary care provider of the infant's health care.
 - Weight management clinics as allowed in 471 NAC 33-006.

NMAP does not limit providers of EPSDT services to those who are qualified to provide all components of the EPSDT screen. A provider who is qualified under the plan to furnish one or more (but not all) of the services and items is considered qualified to provide the items and services as part of early and periodic screening, diagnosis and treatment services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR CHILDREN AND ADOLESCENTS
COVERED UNDER EPSDT:

NMAP covers certain mental health and substance abuse (MH/SA) services as part of the HEALTH CHECK (EPSDT) benefit. For inpatient psychiatric facility services for individuals age 21 and younger, see limitations in Item 16. Each client must participate in an EPSDT screening either six months prior to the initiation of MH/SA services or within eight weeks after the initiation of MH/SA services. The treatment plan must be developed and the intervention services must be implemented under the clinical supervision of a licensed practitioner of the healing arts who is able to diagnose and treat major mental illness within his or her scope of practice.

A provider of MH/SA services for children and adolescents shall meet the following standards for participate in the NMAP:

1. The Supervising Practitioner must be –
 - a. A licensed physician;
 - b. A licensed doctor of osteopathy; and
 - c. A licensed psychologist.
2. Psychiatrically-trained physician extenders may not supervise services in place of a psychiatrist or physician. Physician extenders may provide direct care as allowed by the scope of practice guidelines set by the Nebraska Department of Health and Human Services Regulation and Licensure and the practice agreement of each individual. A copy of the practice agreement must be submitted at the time of enrollment. Physician extenders include physician assistants and nurse practitioners.
3. Services must be rendered by a supervising practitioner, a physician extender, or by a

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

clinical staff person under the direction of a supervising practitioner. Services must be provided within the scope of practice and licensure guidelines established by the Nebraska Department of Health and Human Services Regulation and Licensure or the state in which the service is rendered. "Qualified" is defined as a person who has specific training in providing mental health or substance abuse services within their scope of practice. The following professionals qualify as clinical staff for mental health or substance abuse services for children and adolescents:

- a. Licensed Mental Health Practitioner (LMHP);
 - b. Specially Licensed Psychologist of Psychology Resident;
 - c. Qualified Registered Nurse - a registered nurse (R.N., R.N. with Bachelors, Masters, or Ph.D., or certification as a psychiatric clinical specialist or nurse practitioner by the American Nurses Association);
 - d. Qualified Mental Health Professional Masters or Masters Equivalent - a holder of a masters degree in a closely related field that is applicable to the bio/psycho/social sciences or to treatment for mental health or substance abuse; or a Ph.D. candidate who has bypassed the masters degree but has sufficient hours to satisfy a masters degree requirement or a holder of a master's degree who is actively pursuing licensure as a mental health practitioner as allowed by the Nebraska Department of Health and Human Services Regulation and Licensure.
 - e. Alcohol/Drug Abuse Counselor - a person certified by the Nebraska Department of Health and Human Services Regulation and Licensure or by the appropriate agency in the state where the service is performed as a Certified Alcohol and Drug Abuse Counselor (CADAC).
4. The following qualified staff may provide mental health home health and personal care services or child supervision/care:
- a. Qualified Child/Adolescent service professional (mental health home health care provider) - a holder of a baccalaureate degree in psychology, social work, child development, or a related field from an accredited university or college; or a holder of a baccalaureate degree in another field who has advanced training in one or more of the above disciplines or has post high school course work in psychology, social work, sociology, and/or other related fields and has

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

demonstrated skills and competencies to work with seriously emotionally disturbed children and adolescents as determined by the provider. A minimum of three years of experience in direct child/adolescent services or mental health services is required, along with extensive knowledge of and ongoing training in children/adolescent mental health needs.

- b. Qualified Mental Health Technician (mental health personal care aide) - a person at least 19 years of age who has completed a Department-approved training program.
5. Any NMAP provider who is licensed by the Nebraska Department of Health and Human Services Regulation and Licensure and has a substantiated disciplinary action filed against that license that limits the provision of services will not be allowed to provide NMAP services. If a provider is licensed by another state, a substantiated disciplinary action filed against that license that limits the provision of services will be cause for termination as an NMAP provider.

Mental health and substance abuse services for children and adolescents covered under EPSDT include the following services as defined in 471 NAC 32-000:

- 1. Outpatient mental health or substance abuse treatment, including -
 - a. Evaluation by a supervising practitioner;
 - b. Psychiatric evaluation;
 - c. Psychological evaluation;

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

- d. Psychological testing;
 - e. Individual psychotherapy;
 - f. Individual substance abuse counseling;
 - g. Group psychotherapy;
 - h. Group substance abuse counseling;
 - i. Family psychotherapy services;
 - j. Family substance abuse counseling;
 - k. Family assessment: Note: for items j, k, and l, services are provided to the Medicaid client; the interventions include family to address the child's MHSA needs; the Medicaid-eligible child is the focus of all treatment.
 - l. Conferences with family or other responsible persons advising them on how to assist the client;
 - m. Mileage for home-based family therapy or home-based family counseling services;
 - n. MHSA Community Treatment Aides;
 - o. Intensive outpatient services; and
 - p. Medication by a physician or physician extender.
- 2. Treatment crisis intervention;
 - 3. Day treatment;
 - 4. Treatment foster care;
 - 5. Treatment group home;
 - 6. Residential treatment; and
 - 7. Inpatient hospital services provided in a general hospital or an IMD.

All mental health and substance abuse services must be medically necessary and provide active treatment to the Medicaid client.

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STATE PLAN UNDER TITLE XIX-OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

Telehealth:

EPSDT services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PHYSICIANS SERVICES

PAYMENT RESTRICTION - DRUGS AND MEDICAL PROCEDURES:

Payment may not be authorized for any drugs or medical procedures which may be considered experimental or which are not generally employed by the medical profession. Payment may not be authorized for:

Reversal of tubal ligation;
Reversal of vasectomy; or
Sex change operations.

INFLUENZA INJECTIONS IN NURSING HOMES:

As the services of a nurse to give injections are included in the compensation of ICF-I Nursing Homes, no remuneration will be paid to a physician giving influenza injections in these facilities.

ABORTIONS:

Payment for abortions under the Nebraska Medical Assistance Program is limited to those abortions for which FFP is currently available.

PSYCHIATRIC SERVICES:

Prior authorization is not required for medically necessary outpatient psychotherapy services.

Testing and evaluations must be performed by a licensed psychologist or supervised by a licensed psychologist.

NMAP does not cover mileage and conference fees for home-based family therapy providers of outpatient psychiatric services for individuals age 21 and older.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PHYSICIAN'S SERVICES

Transplants

NMAP covers medical transplants including donor services that are medically necessary and defined as non-experimental by Medicare. If no Medicare policy exists for a specific type of transplant, the appropriate staff in the Medicaid Division shall determine whether the transplant is medically necessary and non-experimental.

Notwithstanding any Medicare policy on liver or heart transplants, the Nebraska Medical Assistance Program covers liver or heart transplantation when the written opinions of two physicians specializing in transplantation state that -

1. No other therapeutic alternatives exist; and
2. The death of the patient is imminent.

NMAP requires prior authorization of all transplant services before the services are provided.

NMAP covers medically necessary services for the NMAP-eligible donor to an NMAP-eligible client. The services must be directly related to the transplant.

NMAP covers laboratory tests for NMAP-eligible prospective donors. The tests must be directly related to the transplant.

NMAP covers medically necessary services for the NMAP-ineligible donor to an NMAP-eligible client. The services must be directly related to the transplant and must directly benefit the NMAP transplant client. Coverage of treatment of complications is limited to those that are reasonably medically foreseeable.

NMAP covers laboratory tests for NMAP-ineligible prospective donors that directly benefit the NMAP transplant client. The tests must be directly related to the transplant.

NMAP does not cover services provided to an NMAP-ineligible donor that are not medically necessary or that are not directly related to the transplant.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PHYSICIAN'S SERVICES

Telehealth:

Physicians services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

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STATE PLAN UNDER TITLE XIX-OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PODIATRISTS' SERVICES

NMAP covers medically necessary podiatry services within the scope of the podiatrists' licensure and within NMAP program guidelines.

ORTHOTIC DEVICES AND ORTHOTIC FOOTWEAR: NMAP covers orthotic devices, orthopedic footwear, shoe corrections, and other items for the feet if medically necessary for the client's condition.

PALLIATIVE FOOT CARE: Palliative foot care includes the cutting or removal of corns or callouses; the trimming of nails; other hygienic and preventive maintenance care or debridement, such as cleaning and soaking the feet and the use of skin creams to maintain the skin tone of both ambulatory and non-ambulatory clients; and any services performed in the absence of localized illness, injury, or symptoms involving the foot. Coverage of palliative footcare is limited to one treatment every 90 days for non-ambulatory clients and one treatment every 30 days for ambulatory clients.

Telehealth:

Podiatrists' services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional care are excluded.

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ATTACHMENT 3.1-A
Item 6b
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OPTOMETRISTS' SERVICES

See Item 12d.

Telehealth:

Optometrists' services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional care, such as eyeglass fittings, are excluded.

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STATE PLAN UNDER TITLE XIX-OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - CHIROPRACTIC SERVICES

NMAP limits coverage of chiropractic services specifically to treatment of the spine by means of manual manipulation (i.e., by use of hands only) and spinal x-rays.

The following guidelines outline the maximum number of treatments NMAP may consider for payment:

1. Manual manipulation of the spine is limited to 18 treatments during the initial five-month period from the date of initiation of treatment for the reported diagnosis. A maximum of one treatment per month is covered thereafter if needed for stabilization care; and
2. No more than one treatment per client per day is covered.

Coverage of spinal x-rays is limited to one set of spinal x-rays for a client in a twelve-month period.

Telehealth:

Chiropractic services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional care are excluded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OTHER PRACTITIONERS SERVICES

MENTAL HEALTH/SUBSTANCE ABUSE PRACTITIONERS

A licensed psychologist may be enrolled as an individual provider of mental health/substance abuse services and may act as a supervising practitioner.

Prior authorization is not required for medically necessary outpatient psychotherapy services.

Testing and evaluations must be performed by a licensed clinical psychologist or supervised by a licensed psychologist.

NMAP does not cover mileage and conference fees for home-based family therapy providers of outpatient psychiatric services for individuals age 21 and older.

Telehealth:

Services provided by a licensed psychologist via telehealth technologies are covered subject to the limitations are covered as set forth in state regulations, as amended.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OTHER PRACTITIONERS SERVICES

CERTIFIED REGISTERED NURSE ANESTHETISTS

The Nebraska Medical Assistance Program covers the services of certified registered nurse anesthetists (CRNAs) and anesthesia assistants (AAs), for services provided on or after August 1, 1989.

A certified registered nurse anesthetist is a registered nurse who is licensed by the Department of Health and Human Services Regulation and Licensure and is currently certified by the Council on Certification of Nurse Anesthetists or Council on Recertification of Nurse Anesthetists, or has graduated since August 1987 from a nurse anesthesia program that meets the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs and is awaiting initial certification.

An anesthesia assistant is a person who is allowed by state law to administer anesthesia and who has successfully completed a six-year program for AA's, of which two years consist of specialized academic and clinical training on anesthesia.

Telehealth:

Services provided by CRNAs and AAs via telehealth technologies are covered subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional services are excluded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

1. Payment for home health agency services must be authorized by the Medicaid Division.
2. All home health agency services are subject to the guidelines for coverage listed in 471 NAC 9-002.06.
3. If the client receives multiple home health agency services in the home, the Department averages the HHA expenses over a three-month period. If the average exceeds the appropriate nursing facility per diem, the Department will recommend nursing facility care for the client. NMAP does not cover home health services when a family member or other caring person is available to provide services to meet the client's needs.
4. NMAP does not cover skilled nursing visits provided by student nurses who are enrolled in a school of nursing and are not employed by the home health agency unless the student is accompanied by a registered nurse who is an employee of the home health agency.
5. NMAP limits skilled nursing visits for teaching and training on an individual basis. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.
6. Payment for supplies normally carried in the nursing bag and incidental to the nursing visit is included in the per visit rate. Medical supplies not normally carried in the nursing bag are provided by pharmacies or medical suppliers who bill NMAP directly. Under extenuating circumstances, the home health agency may bill for a limited quantity of supplies.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

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7. Medical necessity for a second visit on the same day must be well documented.
 8. NMAP recognized enterostomal therapy visits as a skilled nursing service.
 9. NMAP applies the following limitations to nursing services (RN and LPN) for adults age 21 and older:
 - a. Per diem reimbursement for nursing services for the care of ventilator-dependent clients shall not exceed the average ventilator per diem of all Nebraska nursing facilities which are providing that service. This average shall be computed using nursing facility's ventilator interim rates which are effective January 1 of each year, and are applicable for that calendar year period.
 - b. Per diem reimbursement for all other in-home nursing services shall not exceed the average case-mix per diem for the Extensive Special Care 2 case-mix reimbursement level. This average shall be computed using the Extensive Special Care 2 case-mix nursing facility interim rates which are effective January 1 of each year, and applicable for that calendar year period.

Under special circumstances, the per diem reimbursement may exceed this maximum for a short period of time - for example, a recent return from a hospital stay. However, in these cases, the 30-day average of the in-home nursing per diems shall not exceed the maximum above. (The 30 days are defined to include the days which are paid in excess of the maximum plus those days immediately following, totaling 30.)

- II. Telehealth: Home health nursing services are covered via telehealth technologies subject to the limitations as set forth in state regulations, as amended. "Hands on" professional services are excluded.

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Supersedes

Approved

MAR 16 2001

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JUL 1 2000

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ATTACHMENT 3.1-A
Item 7b
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH AGENCIES - HOME HEALTH AIDE SERVICES

1. Home health aide services must be:
 - a. Necessary to continuing a medical treatment plan;
 - b. Prescribed by a licensed physician;
 - c. Recertified by the licensed physician at least every 60 days; and
 - d. Supervised by a registered nurse.
2. Payment for home health agency services must be authorized by the Medicaid Division.
3. Prefilling syringes with insulin for a blind diabetic is reimbursed only as a professional nursing service. Home health agencies will not be reimbursed for prefilling insulin syringes for a blind diabetic by a home health aide.
4. Skilled nursing visits are not a prerequisite for the provision of home health aide services.
5. Telehealth: Home health aide services are not covered when provided via telehealth technologies.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES
SUITABLE FOR USE IN THE HOME

The Nebraska Medical Assistance Program covers the purchase or rental of durable medical equipment, medical supplies, orthotics, and prosthetics that meet program guidelines when prescribed by a physician or other licensed practitioner whose licensure allows prescribing these items (M.D., D.O., D.P.M.). To qualify as a covered service under NMAP, the item must be medically necessary and must meet the definitions in state regulations.

NMAP does not cover items that primarily serve personal comfort; convenience; or educational, hygienic, safety, or cosmetic functions; or new equipment of unproven value and/or equipment of questionable current usefulness or therapeutic value.

NMAP does not generally enroll hospitals; hospital pharmacies; long term care facilities; rehabilitation services or centers, physicians, physical therapists, speech therapists, or occupational therapists as providers of durable medical equipment, medical supplies, or orthotics and prosthetics. Home health agencies may provide durable medical equipment and oxygen only.

Durable medical equipment is equipment which:

1. Withstands repeated use;
2. Is primarily and customarily used to serve a medical purpose;
3. Generally is not useful to a person in the absence of an illness or injury; and
4. Is appropriate for use in the client's home. This generally does not include long term care facilities.

Coverage conditions for individual services are listed with the procedure code descriptions.

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